## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/566633

| <b>—</b>   |  |   |   |                               |  |                               |         |                     |                        |       |                     |                        |  |
|--|--|---|---|-------------------------------|--|-------------------------------|---------|---------------------|------------------------|-------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                          |  |   |   |                               |  |                               |         | SMALL ENT           | 11Y                    | OR    | OTHER<br>SMALL I    |                        |  |
| 118  | NATIONAL   | STAGE FEES                                | (Column 1)  |                               |  | Column 2)                     | 1       | · RATE              | -                      | 1     |                     | 1                      |  |
|  |  |   | SMALL ENT. = \$ 150   |                               | 1100                                       | PENT - AAA                    | 1       |                     | FEE                    |       | RATE                | FEE                    |  |
| BASIC FEE  |  |   | SMALL ENT.  |                               | LARGE ENT. = \$ 300 All other situations = |                               | ł       | BASIC FEE           | <u> </u>               | OR    | BASIC FEE           | 3∞                     |  |
| EXAMINATION FEE  |  |   | (4) = \$50  | /\$ 100                       |  | 100/\$ 200                    | ŀ       | EXAM. FEE           |                        |       | EXAM. FEE           | 200                    |  |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                               |  | her situations = 250 / \$ 500 |         | SEARCH FEE          |                        |       | SEARCH FEE          | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | . min   | us 100 =                      |  | /50=                          |         | X \$ 125 =          |                        |       | X \$ 250 =          |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 20 minus 20 = .   |                               |  |                               |         | X \$ 25 =-          |                        | OR:   | X \$ 50 =           |                        |  |
| INDI   | EPENDENT CL  | AIMS                                      | . 2 m   | ninus 3 =                     | •  |                               | -       | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |  |
| MUL  | TIPLE DEPEN  | DENT CLAIM PR                             | ESENT   |                               |  |                               |         | + \$ 180 =          |                        | OR    | + \$ 380 =          |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |   |                               |  |                               | · TOTAL | ·                   | OR                     | TOTAL | 9∞                  |                        |  |
| CLAIMS AS AMENDED:- PART II  7-14-06 (Column 1) (Column 2) (Column 3)    |  |   |   |                               |  |                               |         | SMALL E             | ENTITY                 | OR    | OTHER<br>SMALL E    | •                      |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                               | PRESENT<br>• EXTRA            |         | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | .20                                       | Minus   | -2                            | <u> </u>                                   | •                             |         | X \$ 25 =           |                        | OR    | X \$ 50 =           |                        |  |
|  | Independent  | .2  | Minus   | 7                             | 3  | ·                             |         | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                               |  |                               |         | + \$ 180 =          | ,                      | OR    | + \$ 360 =          |                        |  |
|  |  |   |   |                               |  |                               |         | TOTAL ADDIT.<br>FEE |                        | OR    | TOTAL ADDIT.<br>FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |   |                               |  |                               |         |                     |                        |       |                     |                        |  |
| Q.   | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER  | PRESENT<br>EXTRA              |         | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | · · · · · · · · · · · · · · · · · · ·     | Minus ·   | **                            |  | 3                             |         | X \$ 25 =           | •                      | OR    | X \$ 50 =           |                        |  |
|  | Independent  | •   | Minus   | ***                           |  | =                             |         | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                               |  |                               |         | + \$.180 =          |                        | OR    | + \$ 360 =          |                        |  |
|  |  |   | •   | •                             | TOTAL ADDIT.<br>FEE                        |                               | OR      | TOTAL ADDIT.<br>FEE |                        |       |                     |                        |  |
|  |  |   |   |                               |  |                               |         |                     |                        |       |                     |                        |  |
|  |  |   |   |                               |  |                               |         |                     |                        |       |                     |                        |  |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". |   |   |                               |  |                               |         |                     |                        |       |                     |                        |  |